

**Performance Evaluation**

**Agency Name:**

**Office Name:**

**Agency Contract Number:**

**DOA Contract Number:**

**CFMS Contract Number:**

**Contractor Name:**

**Contract Amount:**

**Actual Amount Paid:**

**Contract Cost Basis:**

**Contract begin and end date:**

**Actual begin and end date:**

**Contract Modifications:**

**Number:**

**Reason(s):**

**Description of Services:**

*(What were the services being provided?)*

**Deliverable Products:**

*(What were final products?)*

*(Were they delivered on time?)*

*(Were they usable? If so, how? If not, why not?)*

**Problems encountered:**

**Overall Performance** *(check one):*    ☐ **Satisfactory**    ☐ **Unsatisfactory**

**Weak points:**

**Strong points:**

**Would you hire this contractor again?**

**Name and Phone Number of Program Official responsible for monitoring and final acceptance:** \_\_\_\_\_

**Signature of Program Monitor or Agency Head Designee:**

\_\_\_\_\_